



MICHIGAN DEPARTMENT OF STATE  
BUREAU OF ELECTIONS

CANDIDATE COMMITTEE  
COVER PAGE

FILED

05 DEC 27 AM 11:07

Report must be legible, typed or printed in ink and signed by the treasurer (or designated record keeper) and candidate.

3. This Statement covers From: 10 24 05 To: 11 28 05  
Mo Day Year Mo Day Year

1. Committee I.D. Number 61133-50

4. Candidate Last Name RICE First Name STEVE M.I.

2. Committee Name

FRIENDS OF  
STEVE RICE

4a. Office Sought Including District # or Community Served (if applicable)

CITY COUNCIL - STERLING HTS.

4b. County of Residence Driver License # (Optional)

MACOMB

5. Committee's Mailing Address 5427 SUTHLAND

6. Treasurer's Name & Residential Address STEVE RICE

S. HTS MI 48310

2653 SERRA

Area Code and Phone 586 264 5213

SH 48310

Area Code & Phone (586) 264 5213

Driver License # (Optional)

If the address in this box is different from the committee mailing address on the Statement of Organization, mail may be sent to this address by the filing official.

7. Treasurer's Business Address

8. Designated Record keeper's Name and Mailing Address (if the committee has a Designated Record keeper)

Area Code and Phone ( )

Area Code and Phone ( )

Driver License # (Optional)

9. TYPE OF STATEMENT

9a. ☐ Pre-Election

OR

9b. ☒ Post-Election

Pre-Election or Post-Election Statement relates to:

☐ Primary

☒ General

☐ Convention

☐ School

☐ Special

☐ Caucus

Date of Election, Convention or Caucus

11 8 05  
Month Day Year

9c. ☐ Annual Statement ( Coverage Year)

9d. ☐ Amendment to Campaign Statement (Complete Item 9a, 9b, 9c or 9e to indicate which Statement is being amended)

9e. ☐ Dissolution of Candidate Committee

Effective Date of Dissolution

Month Day Year

By checking this item, I/We certify that the committee has no assets or outstanding debts, including late filing fees. Note: The disposition of residual funds must be reported on Schedule 1B and the Summary Page.

A committee that does not have a Reporting Waiver must file all required Campaign Statements. The Campaign Statements must include all applicable Schedules. Direct contributions, in-kind contributions, loans, expenditures, and outstanding debts count against the \$1,000 Reporting Waiver threshold. If any of the information listed in Items 2, 4, 5, 6, 7, or 8 has changed since the information was shown on the committee's Statement of Organization, an amendment to the Statement of Organization should accompany this Campaign Statement. If a request for a Reporting Waiver is not received on or before the filing deadline of a required campaign statement, that campaign statement cannot be waived.

10. Verification: I/We certify that all reasonable diligence was used in the preparation of this statement and attached schedules (if any) and to the best of my/our knowledge and belief the contents are true, accurate and complete.

Current Treasurer or Designated Record keeper STEPHEN RICE

Type or Print Name

Signature

Date 12 20 05  
Mo Day Year

Candidate STEVE RICE

Type or Print Name

Signature

Date 12 20 05  
Mo Day Year



MICHIGAN DEPARTMENT OF STATE  
Bureau of Elections

1. Committee I.D. Number

69133-50

2. Committee Name

FRIENDS OF Steve Rice

SUMMARY PAGE  
CANDIDATE COMMITTEE

RECEIPTS

3. Contributions

Column I  
This Period

Column II  
Cumulative this election cycle

a. Itemized (Schedule 1A - Column 6)

(3a.) \$ 3,000 -

b. Unitemized (less than \$20.01 each - no Schedule)

(3b.) \$ NOT APPLICABLE

c. Subtotal of "Contributions"

(3c.) \$ 3,000 -

4. Other Receipts (Schedule 1A -1, Column 6)

(4.) \$ 0

5. TOTAL CONTRIBUTIONS AND OTHER RECEIPTS  
(Add Line 3c + Line 4)

(5.) \$ 3,000 -

(18.) \$ 3,000 -

(19.) \$

(20.) \$ 3,000 -

IN-KIND CONTRIBUTIONS & EXPENDITURES

6. In-Kind Contributions (Schedule 1-IK, Column 7)

(6.) \$ 0

(21.) \$ 0

7. In-Kind Expenditures (Schedule 1B-IK, Column 6)

(7.) \$ 0

(22.) \$ 0

EXPENDITURES

8. Expenditures

a. Itemized (Schedule 1B, Column 6)

(8a.) \$ 2041.21

b. Itemized Get-Out-the-Vote (Schedule 1B-G)

(8b.) \$ 0

c. Unitemized (less than \$50.01 each - no Schedule)

(8c.) \$ 909.00

9. TOTAL EXPENDITURES (Add Line 8a + Line 8b + Line 8c)

(9.) \$ 2950.21

(23.) \$ 2950.21

INCIDENTAL EXPENSE DISBURSEMENTS  
(Officeholders Only)

10. Disbursements

a. Itemized (Schedule 1C, Column 6)

(10a.) \$ 0

b. Unitemized (less than \$50.01 each - no Schedule)

(10b.) \$ 0

11. TOTAL INCIDENTAL EXPENSE DISBURSEMENTS  
(Add Line 10a + Line 10b)

(11.) \$ 0

(24.) \$ 0

DEBTS AND OBLIGATIONS

12. Debts and Obligations

a. Owed by the Committee (Schedule 1E)

(12a.) \$ 0

b. Owed to the Committee (Schedule 1E)

(12b.) \$ 0

BALANCE STATEMENT

13. Ending Balance of last report filed  
(Enter zero if no previous reports have been filed.)

(13.) \$ 0

14. Amount received during reporting period  
(Line 5, Total Contributions & Other Receipts)

(14.) + \$ 3000 -

15. SUBTOTAL Add lines 13 and 14

(15.) = \$ 3000 -

16. Amount expended during reporting period  
(Add lines 9 and 11)

(16.) - \$ 2950.21

17. ENDING BALANCE

(17.) \$ 49.79

(Subtract line 16 from line 15)

NOTE: Direct contributions, in-kind contributions, loans, expenditures and outstanding debts count against the \$1,000.00 Reporting Waiver threshold.  
All required schedules must be included with this statement. \*If your ending balance is negative, please recheck your math.

Authority granted under P.A. 388 of 1976



MICHIGAN DEPARTMENT OF STATE  
Bureau of Elections

ITEMIZED CONTRIBUTIONS  
SCHEDULE 1A  
CANDIDATE COMMITTEE

1. Committee I.D. Number

69133-50

2. Committee Name

FRIENDS OF STEVE RICE

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee. (PAC) Report <u>all</u> contributions from committees regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1      PAC Receipt? <input type="checkbox"/> YES      4. Date of Receipt <u>11-1-05</u> Name: <u>Dominic Moeeni</u> Address: <u>3005 UNIVERSITY DR. AUBURN HILLS 48326</u> 5. If over \$100.00 cumulative, please provide: Occupation <u>Builder</u> Employer <u>Self</u> Business Address <u>3005 UNIVERSITY AUBURN HILLS 48326</u> Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser	100.00	100.00
3. Contribution # 2      PAC Receipt? <input checked="" type="checkbox"/> YES      4. Date of Receipt <u>10-25-05</u> Name: <del>XXXXXXXXXX</del> <u>PLUNKETT COONEY PAC</u> Address: <u>38505 WOODWARD BLOOMFIELD HILLS 48304</u> 5. If over \$100.00 cumulative, please provide: Occupation _____      Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser	200.00	200.00
3. Contribution # 3      PAC Receipt? <input type="checkbox"/> YES      4. Date of Receipt <u>10-24-05</u> Name: <u>MARCUS LEDERMAN</u> Address: <u>6248 RUNNYMEAD CT W.BUMF. 48322</u> 5. If over \$100.00 cumulative, please provide: Occupation _____      Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser	50.00	50.00
3. Contribution # 4      PAC Receipt? <input type="checkbox"/> YES      4. Date of Receipt <u>10-24-05</u> Name: <u>JEFFREY BAHORSKI</u> Address: <u>3210 FAIRMANS S.H. 48314</u> 5. If over \$100.00 cumulative, please provide: Occupation _____      Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser	100.00	100.00
Page Subtotal Grand Total of All Schedules 1A (Complete on last page of Schedule)		450.00

Enter this total on  
line 3a of  
Summary Page



MICHIGAN DEPARTMENT OF STATE  
Bureau of Elections

ITEMIZED CONTRIBUTIONS  
SCHEDULE 1A  
CANDIDATE COMMITTEE

1. Committee I.D. Number

69133-50

2. Committee Name

FRIENDS OF STEVE RICE

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee. (PAC) Report <u>all</u> contributions from committees regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1      PAC Receipt? <input type="checkbox"/> YES      4. Date of Receipt <u>10-24-05</u> Name: <u>CLARK ANDREWS</u> Address: <u>53985 SUTHERLAND LN Shelby 48316</u> 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser	50.00	50.00
3. Contribution # 2      PAC Receipt? <input type="checkbox"/> YES      4. Date of Receipt <u>10-24-05</u> Name: <u>LARRY SCOTT</u> Address: <u>12900 HALL RD S.H. 48313</u> 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser	100.00	100.00
3. Contribution # 3      PAC Receipt? <input type="checkbox"/> YES      4. Date of Receipt <u>10-24-05</u> Name: <u>JACK CARDONNA</u> Address: <u>38905 MOUND S.H. 48310</u> 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser	50.00	50.00
3. Contribution # 4      PAC Receipt? <input type="checkbox"/> YES      4. Date of Receipt <u>10-31-05</u> Name: <u>JOHN BOLOGNA</u> Address: <u>19135 SAXON BEVERLY HILLS 48025</u> 5. If over \$100.00 cumulative, please provide: Occupation <u>Developer</u> Employer <u>SIF</u> Business Address <u>19135 SAXON BEVERLY HILLS 48025</u> Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser	200.00	200.00
Page Subtotal Grand Total of All Schedules 1A (Complete on last page of Schedule)	400	

Enter this total on  
line 3a of  
Summary Page



MICHIGAN DEPARTMENT OF STATE  
Bureau of Elections

ITEMIZED CONTRIBUTIONS  
SCHEDULE 1A  
CANDIDATE COMMITTEE

1. Committee I.D. Number 69133-50  
2. Committee Name FRIENDS OF STEVE RICE

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee. (PAC) Report <u>all</u> contributions from committees regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution #1 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>10-24-05</u> Name: <u>ADAM RUGANI</u> Address: <u>39171 PLUMBROOK FARMINGTON HILLS 48331</u> 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		100 -	100 -
3. Contribution #2 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>10-26-05</u> Name: <u>WALT ALIX</u> Address: <u>3233 N ELDER W. BLMF 48324</u> 5. If over \$100.00 cumulative, please provide: Occupation <u>CIVIL ENG.</u> Employer <u>HRC</u> Business Address <u>2001 CENTER PT. PKW. ANN ARBOR 48106</u> Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		150 -	150 -
3. Contribution #3 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>10-24-05</u> Name: <u>JAN ALISON</u> Address: <u>102 TELFORD TROY 48098</u> 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		100 -	100 -
3. Contribution #4 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>10-24-05</u> Name: <u>PHIL RUGGERI</u> Address: <u>55764 ST REGIS SHELBY 48315</u> 5. If over \$100.00 cumulative, please provide: Occupation <u>ATTORNEY</u> Employer <u>SELF</u> Business Address <u>38800 VAN DYKE S.H. 48312</u> Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		500 -	500 -
Page Subtotal Grand Total of All Schedules 1A (Complete on last page of Schedule)		850	

Enter this total on  
line 3a of  
Summary Page



MICHIGAN DEPARTMENT OF STATE  
Bureau of Elections

ITEMIZED CONTRIBUTIONS  
SCHEDULE 1A  
CANDIDATE COMMITTEE

1. Committee I.D. Number 69133-50  
2. Committee Name FRIENDS OF STEVE RICE

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee. (PAC) Report all contributions from committees regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution #1 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>10-24-05</u> Name: <u>SUSAN LUCH</u> Address: <u>377 PINE RIDGE BLVD. HLS 48304</u> 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		100 -	100 -
3. Contribution #2 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>10-24-05</u> Name: <u>TOM GUASTELLO</u> Address: <u>300 PARK STREET BIRM. MI 48009</u> 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		100 -	100 -
3. Contribution #3 PAC Receipt? <input checked="" type="checkbox"/> YES 4. Date of Receipt <u>10-25-05</u> Name: <u>REALTORS PAC of MI</u> Address: <u>720 N WASHINGTON AVE LANSING MI 48901</u> 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		200 -	200 -
3. Contribution #4 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>10-24-05</u> Name: <u>MIKE CHIRCO</u> Address: <u>46600 Romeo Plank Macomb 48044</u> 5. If over \$100.00 cumulative, please provide: Occupation <u>Builder</u> Employer <u>Self</u> Business Address <u>46600 Romeo Plank Macomb 48044</u> Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		150 -	150 -
Page Subtotal Grand Total of All Schedules 1A (Complete on last page of Schedule)		550	

Enter this total on  
line 3a of  
Summary Page



**ITEMIZED CONTRIBUTIONS  
SCHEDULE 1A  
CANDIDATE COMMITTEE**

1. Committee I.D. Number 69133-50  
2. Committee Name FRIENDS OF STEVE RICE

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee. (PAC) Report all contributions from committees regardless of amount.		6. Amount	7. Cumulative for Election Cycle for each Contributor (Through date of receipt)
<p>3. Contribution #1 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>10-24-05</u></p> <p>Name: <u>DON DENAULT</u></p> <p>Address: <u>12560 NOONAN CT UTICA 4835</u></p> <p>5. If over \$100.00 cumulative, please provide:</p> <p>Occupation _____ Employer _____</p> <p>Business Address _____</p> <p>Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser</p>		50-	50-
<p>3. Contribution #2 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>10-24-05</u></p> <p>Name: <u>CHARLES BUSSE</u></p> <p>Address: <u>32533 SABRINA CT WLN 48098</u></p> <p>5. If over \$100.00 cumulative, please provide:</p> <p>Occupation <u>ATTORNEY</u> Employer <u>SELF</u></p> <p>Business Address <u>MOUND RD WLN 48093</u></p> <p>Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser</p>		500-	500-
<p>3. Contribution #3 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>10-24-05</u></p> <p>Name: <u>LARRY CAMPBELL</u></p> <p>Address: <u>6690 VERN MOORE TROY MI 48098</u></p> <p>5. If over \$100.00 cumulative, please provide:</p> <p>Occupation _____ Employer _____</p> <p>Business Address _____</p> <p>Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser</p>		100-	100-
<p>3. Contribution #4 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt _____</p> <p>Name: _____</p> <p>Address: _____</p> <p>5. If over \$100.00 cumulative, please provide:</p> <p>Occupation _____ Employer _____</p> <p>Business Address _____</p> <p>Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser</p>			
<p>Page Subtotal Grand Total of All Schedules 1A (Complete on last page of Schedule)</p>		650	

Enter this total on  
line 3a of  
Summary Page



**ITEMIZED CONTRIBUTIONS  
SCHEDULE 1A  
CANDIDATE COMMITTEE**

1. Committee I.D. Number

69133-50

2. Committee Name

FRIENDS OF STEVE RICE

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee. (PAC) Report all contributions from committees regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
<p>3. Contribution # 1      PAC Receipt? <input type="checkbox"/> YES      4. Date of Receipt 10-26-05</p> <p>Name: JOSEPH Palunzi</p> <p>Address: P.O. Box 5945 ST. CLAIR SHORES 48080</p> <p>5. If over \$100.00 cumulative, please provide:</p> <p>Occupation _____ Employer _____</p> <p>Business Address _____</p> <p>Type of Contribution: <input type="checkbox"/> Direct      <input type="checkbox"/> Loan from a person      <input checked="" type="checkbox"/> Fund Raiser</p>		100-	100-
<p>3. Contribution # 2      PAC Receipt? <input type="checkbox"/> YES      4. Date of Receipt</p> <p>Name: _____</p> <p>Address: _____</p> <p>5. If over \$100.00 cumulative, please provide:</p> <p>Occupation _____ Employer _____</p> <p>Business Address _____</p> <p>Type of Contribution: <input type="checkbox"/> Direct      <input type="checkbox"/> Loan from a person      <input type="checkbox"/> Fund Raiser</p>			
<p>3. Contribution # 3      PAC Receipt? <input type="checkbox"/> YES      4. Date of Receipt</p> <p>Name: _____</p> <p>Address: _____</p> <p>5. If over \$100.00 cumulative, please provide:</p> <p>Occupation _____ Employer _____</p> <p>Business Address _____</p> <p>Type of Contribution: <input type="checkbox"/> Direct      <input type="checkbox"/> Loan from a person      <input type="checkbox"/> Fund Raiser</p>			
<p>3. Contribution # 4      PAC Receipt? <input type="checkbox"/> YES      4. Date of Receipt</p> <p>Name: _____</p> <p>Address: _____</p> <p>5. If over \$100.00 cumulative, please provide:</p> <p>Occupation _____ Employer _____</p> <p>Business Address _____</p> <p>Type of Contribution: <input type="checkbox"/> Direct      <input type="checkbox"/> Loan from a person      <input type="checkbox"/> Fund Raiser</p>			
<p>Page Subtotal Grand Total of All Schedules 1A (Complete on last page of Schedule)</p>		100 3000	

Enter this total on  
line 3a of  
Summary Page





ITEMIZED EXPENDITURES  
SCHEDULE 1B  
CANDIDATE COMMITTEE

1. Committee I. D. Number 69133-50  
2. Committee Name FRIENDS OF STEVE RILE

3. Name and address of person or vendor to whom paid	4. Purpose (Describe specific purpose and you may assign an Expenditure Code)	5. Date	6. Amount
<b>Expenditure #1</b> Name <u>STEELING INN</u> Address <u>34911 VANDYKE</u> <u>S. HTS. MI 48312</u> <input checked="" type="checkbox"/> Fund Raiser	Purpose: <u>BUILDING FORD</u> Expenditure Code <u>FE</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>10/24/05</u>	<u>497.82</u>
<b>Expenditure #2</b> Name <u>POSTMASTER</u> Address <u>METRO PKWY S. H. 48312</u> <input checked="" type="checkbox"/> Fund Raiser	Purpose: <u>POSTAGE</u> Expenditure Code <u>MA</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>10-1-05</u>	<u>200</u>
<b>Expenditure #3</b> Name <u>STEVE RILE</u> Address <u>2653 SERRA</u> <u>S. HTS MI 48310</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>LOAN REPAYMENT</u> Expenditure Code <u>LO</u> <input checked="" type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>12-3-05</u>	<u>1342.39</u>
<b>Expenditure #4</b> Name _____ Address _____ <input type="checkbox"/> Fund Raiser	Purpose: _____ Expenditure Code _____ <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement		
<b>Expenditure #5</b> Name _____ Address _____ <input type="checkbox"/> Fund Raiser	Purpose: _____ Expenditure Code _____ <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement		

Subtotal this page  
Grand Total of all Schedules 1B  
(Complete on last page of Schedule)

2040.21

2040.21

Enter this total  
on line 8a of  
Summary Page

PLEASE REFER TO INSTRUCTIONS FOR LIST OF EXPENDITURE CODES



MICHIGAN DEPARTMENT OF STATE  
Bureau of Elections

FUND RAISER SCHEDULE 1F  
CANDIDATE COMMITTEE

1. Committee I.D. Number 69133-50  
2. Committee Name FRIENDS OF STEVE RILE

- USE A SEPARATE SHEET FOR EACH EVENT -

3. Date Event Was Held <u>10-24-05</u> Month Day Year	4. Number of Individuals Attending or Participating (whichever is greater) <u>25</u>	5. Type of Fund Raising Activity <u>COCKTAIL EVENT</u>	6. Address and Name (If any) of the place where the activity was held <u>STERLING INN</u> <input type="checkbox"/> Private Residence
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7. Total Contributions of \$20.00 or less ~~0~~ 2800-  
8. Total Contributions of \$20.01 or more 2800  
9. SUBTOTAL (Add lines 7 and 8) 2800  
10. Other Receipts 0  
11. Gross Receipts (Add lines 9 and 10) 2800-  
12. Total Cost of Event\* 697.82

\*Includes In-Kind Contributions and All Expenditures Made For the Event

13. ☐ Check if event was a joint fund raiser and complete the following:

Co-Sponsor(s)	Contribution Split (%)	Expenditure Split (%)

- The committee is required to file a separate Fund Raiser Schedule for each fund raising event held during the period covered by the Campaign Statement.
- Receipts and expenditures listed on a Fund Raiser Schedule must also be reported on the Itemized Contributions Schedule (1A), Itemized In-Kind Contributions Schedule (1-1K), Itemized Expenditures Schedule (1B) and the Summary Page.
- Each committee that participated in a joint fund raiser must file a Fund Raiser Schedule for the event.